

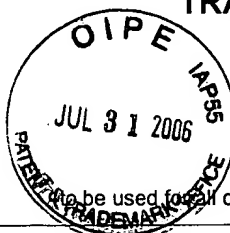
TFW 1631

PTO/SB/21 (09-04)

Approved for use through 7/31/2006

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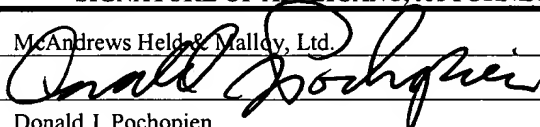
Under the Paperwork Reduction act of 1995, no persona are required to respond to a collection of information unless it displays a valid OMB control number.

 <p>TRANSMITTAL FORM</p> <p>(to be used for all correspondence after initial filing)</p>		Application Number	09/897,728
		Filing Date	July 3, 2001
		First Named Inventor	John F. Wironen
		Art Unit	1631
		Examiner Name	Carolyn L. Smith
		Attorney Docket Number	14001US01
Total Number of Pages in This Submission		14	

ENCLOSURES (check all that apply)

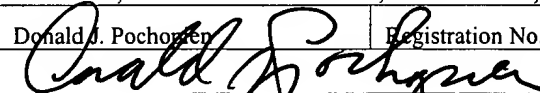
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment And Response Under 37 C.F.R. §1.111 <input type="checkbox"/> After Final <input checked="" type="checkbox"/> Petition for 2 months extension of time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

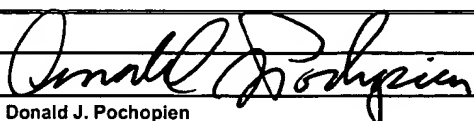
Firm	McAndrews Held & Malloy, Ltd.
Signature	
Printed Name	Donald J. Pochopien
Date	July 26, 2006

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 07/26/2006.

Name (Print/type)	Donald J. Pochopien	Registration No. (Attorney/Agent)	32,167
Signature		Date	July 26, 2006

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818) <div style="text-align: center; font-size: 1.2em; font-weight: bold;">FEE TRANSMITTAL</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">for FY 2006</div> <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 10px auto;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em;"> JUL 31 2006 PATENT & TRADEMARK OFFICE </div> </div> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known					
		Application Number: 09/897,728					
		Filing Date: July 3, 2001					
		First Named Inventor: John F. Wironen					
		Examiner Name: Carolyn L. Smith					
		Art Unit: 1631					
		Attorney Docket No.: 14001US01					
TOTAL AMOUNT OF PAYMENT (\$) 450.00							
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy For the above-identified deposit account, the Director is hereby authorized to (check all that apply)							
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
							<u>Small Entity</u>
							<u>Fee (\$)</u> <u>Fee (\$)</u>
Each claim over 20 (including Reissues)							50 25
Each independent claim over 3 (including Reissues)							200 100
Multiple dependent claims							360 180
<u>Total Claims</u>		<u>Extra Claims</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		<u>Multiple Dependent Claims</u>
_____ -20 or HP		_____ x		_____ =	_____		<u>Fee</u> <u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20							
<u>Indep. Claims</u>		<u>Extra Claims</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
_____ -3 or HP		_____ x		_____ =	_____		
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>			<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
_____ -100	_____ /50	_____ (round up to a whole number) x			_____ =	_____	
							<u>Fee Paid (\$)</u>
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							_____
Other (e.g., late filing surcharge): Petition For 2 Months Extension of Time							\$450.00
SUBMITTED BY							
Signature				Registration No. (Attorney/Agent)	32,167	Telephone	(312)775-8000
Name (print/type)	Donald J. Pochopien			Date	July 26, 2006		